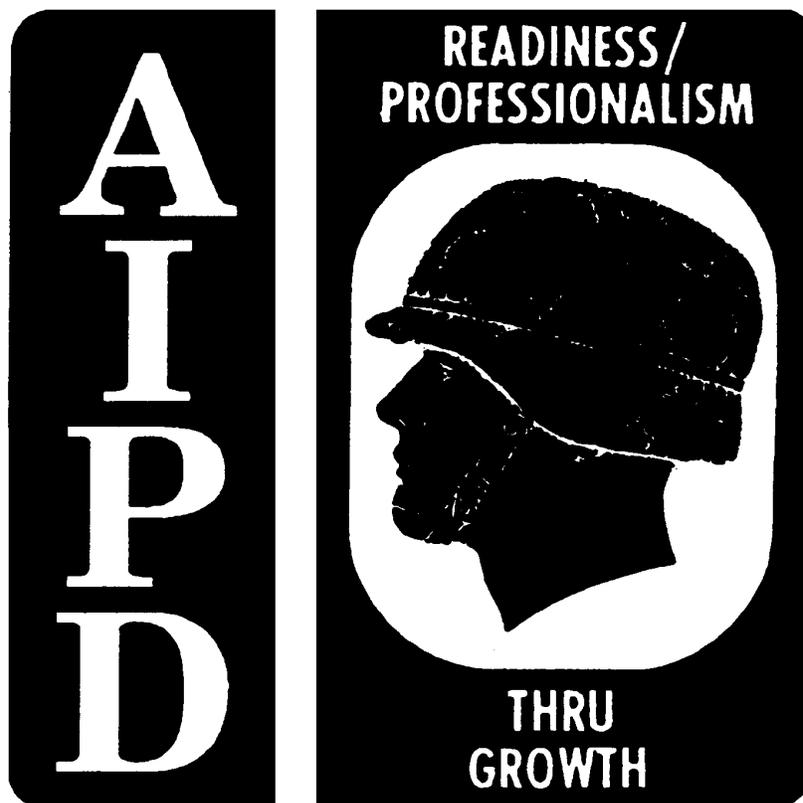

THE UMT ROLE IN SUICIDE PREVENTION



THE ARMY INSTITUTE FOR PROFESSIONAL DEVELOPMENT
ARMY CORRESPONDENCE COURSE PROGRAM

THE UMT ROLE IN SUICIDE PREVENTION

Subcourse Number CH0817

United States Chaplain Center and School

5 CREDIT HOURS

SUBCOURSE OVERVIEW

This subcourse is designed to train chaplain assistants, to perform or provide for the religious support tasks necessary to accomplish the Unit Ministry Team mission in combat and in peacetime at battalion level and in garrison. Chaplain assistants will learn to identify and implement the actions required in order to deal effectively with potential suicide situations.

For performance-based training, the student will be required to fulfill three objectives:

1. Demonstrate a comprehensive knowledge of the information required to identify the causes of suicide
2. Demonstrate the knowledge required to identify suicide warning signs
3. Know what actions to take and the actions to avoid in potential suicide situations.

This subcourse reflects the doctrine which was current at the time it was prepared. In your own work situation, always refer to the latest publications.

The words "he", "him", "his", and "men", when used in this publication, represent both the masculine and feminine genders unless otherwise stated.

TERMINAL LEARNING OBJECTIVE

TASK: Identify the causes of suicide, the warning signs of suicide, actions to take when faced with potential suicide, and actions to avoid when faced a potential suicide.

CONDITIONS: Given the material in this subcourse and a training scenario, the student will complete the examination at the end of the subcourse.

STANDARD: The student will demonstrate a comprehension and knowledge of this subcourse by achieving a minimum of 70% on a multiple-choice based examination for Subcourse CH0817 by identifying the causes of suicide, the warnings signs of suicide, actions to take when faced with a potential suicide, and actions to avoid when faced with a potential suicide.

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***** IMPORTANT NOTICE *****

THE PASSING SCORE FOR ALL ACCP MATERIAL IS NOW 70%.

PLEASE DISREGARD ALL REFERENCES TO THE 75% REQUIREMENT.

LESSON ONE

THE CAUSES OF SUICIDE

TASK REFERENCES:

STP 16-56M1-SM Soldier's Manual.
DA Pam 600-70 Guide to the Prevention of Suicide and Self-Destructive Behavior.

OVERVIEW

TASK DESCRIPTION:

In this lesson you will learn to identify the causes of suicide.

LEARNING OBJECTIVE:

TASK: Identify the causes of suicide.

CONDITIONS: Given the subcourse material for this lesson and a training scenario, the student will complete the practice exercise to identify the causes of suicide.

STANDARD: The student will demonstrate a comprehension and knowledge of the task by identifying those factors which cause a person to contemplate or attempt suicide.

REFERENCES: STP 16-56M1-SM.
 DA Pam 600-70.

INTRODUCTION

The mission of the Unit Ministry Team (UMT) is to furnish comprehensive religious support to soldiers, their families, and other authorized personnel. In order for chaplain assistants to perform religious support mission tasks, they need to develop a knowledge and understanding of the causes of suicide, the warning signs of suicide, actions to take when faced with a potential suicide and actions to avoid when faced with a potential suicide.

- Chaplain assistants **are not permitted** to conduct **formal counseling** in suicide situations.
- Chaplain assistants should be able to recognize danger signals and evaluate the seriousness of the situation in order to intervene either by notifying or by bringing the individual to the chaplain or appropriate referral services.
- Chaplain Assistants, in the absence of supervisory personnel or referral services, should proceed immediately to prepare an evaluation of the soldier who is a potential risk for suicide.

PART A - IDENTIFY THE FACTORS WHICH CAUSE A PERSON TO CONTEMPLATE OR ATTEMPT SUICIDE.

1. General.

In order to isolate factors which cause a person to contemplate or actually attempt suicide, we must develop a general understanding of possible sources of the problem and be able to evaluate the degree of hopelessness associated with the problem. Since it is not uncommon for many people to experience stress and think about suicide at some point, it is important for the chaplain assistant to determine whether the current problem has resulted from a combination of events that could lead to suicide as the only option to solve the problem.

Lesson One will cover some of the statistics about suicide and a profile of the type of person who has been known to contemplate or attempt suicide. This will help in providing the chaplain assistant with basic information concerning individuals who may be at increased risk for suicide.

2. Statistics About Suicide -

- In the past 25 years there has been a 300% increase in the adolescent suicide rate.
- Nearly 6,500 young people kill themselves each year.
- 30,000 Americans die by their own hand each year.
- 1,000 suicide attempts are made in the U. S. daily. One suicide occurs every minute.
- **Myth:** People who talk about suicide rarely attempt or commit suicide.
- **Fact:** Nearly 80 percent of those who attempt or commit suicide give some warning of their intentions. A person who talks about committing suicide, may be giving a warning that should not be ignored.
- **Myth:** Talking to people about their suicidal feelings will cause them to commit suicide.
- **Fact:** Asking people about their suicidal feelings usually makes the people feel relieved that someone finally recognized their emotional pain, and they will feel safer talking about it.

- **Myth:** All suicidal people want to die and there is nothing that can be done about it.
- **Fact:** Most suicidal people are undecided about or dying. They may gamble with death, leaving it to others to rescue them. Frequently they call for help before and after a suicide attempt.
- **Myth:** Suicide is an act of impulse with no previous planning.
- **Fact:** Most suicides are carefully planned and thought about for weeks.
- **Myth:** A person once suicidal is suicidal forever.
- **Fact:** Most suicidal people are that way for only a brief period in their lives. People who receive the proper assistance and support, will probably never be suicidal again. Only about 10 percent of attempters later complete the act.
- **Myth:** A person who attempts suicide will not try again.
- **Fact:** Most people who commit suicide have made previous attempts.
- **Myth:** Improvement in a suicidal person means the danger is over.
- **Fact:** Most suicides occur within about three months following the beginning of improvement, when people have the energy to act on this morbid thoughts and feelings. The desire to escape life may be so great that the idea of suicide represents relief from a hopeless situation. Often a period of calm may follow a decision to commit suicide.
- **Myth:** Suicidal persons are mentally ill.
- **Fact:** Studies of hundreds of suicide notes indicate that, although suicidal people are extremely unhappy, they are not necessarily mentally ill.
- **Myth:** Because it includes the holiday season, December has a high suicide rate.
- **Fact:** Nationally, December has the lowest suicide rate of any month. During the holiday season, the depressed person feels some sort of belonging and feels things may get better. As spring comes and their depression does not lift, the comparison of the newness and rebirth of spring and their own situation can produce overt self-destructive behavior.

3. **Who Commits or Thinks about Committing Suicide.**

Individuals are at greater risk to commit suicide if they have:

- made a previous suicide attempt
- a family history of suicide
- lost a friend through suicide

- been involved with drugs or alcohol
- alcoholics in the family

4. Suicide is a Combination of Events.

An excerpt from DA Pam 600-70 entitled "**Guide to the Prevention of Suicide and Self-Destructive Behavior**" is included in this section to more fully explain what is meant by "a combination of events":

"In trying to understand why people kill themselves, it is tempting to look at the source of stress in their lives. An analysis of life stressors is not, however, the answer. Stress is a normal part of life and people are usually able to cope. Actually, most people think about suicide at sometime during their lives. Usually they find that these thoughts are temporary and that things do get better. Generally, it is a combination of events that lead a person to believe that suicide is the only way out. One common thread is that the person feels hopeless about life."

5. The Common Thread is Hopelessness.

DA Pam 600-70, lists the kinds of events can lead a person to experience a sense of hopelessness, which in turn can create an environment for suicide.

- "Feelings of hopelessness and low self-esteem can have many causes.
- Break up a close relationship with a loved one or difficulties in interpersonal relationships with family or close friends.
- Death of a loved one; spouse, child, parent, sibling, friend, or pet.
- Worry about job or school performance and concerns about failure or doing less well than one hoped or expected.
- Loss of "support systems" or "emotional safety" which comes from moving to a new environment.
- Loss of social or financial status of the family.
- The compounding and disorienting effects of drugs and/or alcohol."

LESSON ONE

PRACTICE EXERCISE

The following items will test your grasp of the material covered in this lesson. There is only one correct answer for each item. When you have completed the exercise, check your answers with the answer key that follows. If you answer any item incorrectly, study again that part of the lesson which contains the portion involved.

Situation: You are a chaplain assistant assigned to the post chapel at Fort Opportunity. As a part of your duties, you have been designated by the senior chaplain to be a part of the UMT Suicide Prevention Team. In order to properly perform your assignment to the team, you must know the principal causes of suicide.

1. Nearly 80 percent of those who attempt or commit suicide
 - a. give some warning of their intentions.
 - b. refuse to discuss such a painful issue.
 - c. have acted on impulse.
 - d. have not made any particular suicide plans.

2. Self destructive behavior is more prevalent in the:
 - a. winter.
 - b. spring.
 - c. summer.
 - d. fall.

LESSON ONE

PRACTICE EXERCISE

ANSWER KEY AND FEEDBACK

Item

Correct Answer and Feedback.

1. a. give some warning of their intentions.

Nearly 80 percent of those who attempt or commit suicide give some warning of their intentions. When someone talks about committing suicide, he may be giving a warning that should not be ignored.

2. b. spring.

During the holiday season, the depressed person feels some sort of belonging and feels things may get better. As spring comes and their depression does not lift, the comparison of the newness and rebirth of spring and their own situation can produce overt self-destructive behavior.

LESSON TWO

THE WARNING SIGNS OF SUICIDE

TASK REFERENCES:

STP 16-56M1-SM	Soldier's Manual.
DA Pam 600-70	Guide to the Prevention of Suicide and Self-Destructive Behavior.
DA Pam 600-24	Suicide Prevention and Psychological Autopsy.

OVERVIEW

TASK DESCRIPTION:

In this lesson you will learn to identify the warning signs and clues that indicate a person has an increased potential for suicide.

LEARNING OBJECTIVE:

TASK: Identify the warning signs of suicide.

CONDITIONS: Given the subcourse material for this lesson and a training scenario, the student will complete a practice exercise to identify the warning signs which indicate that a person is at a greater risk of committing suicide.

STANDARD: The student will demonstrate a comprehension and knowledge of the task by identifying the warning signs associated with potential suicide victims.

REFERENCES: STP 16-56M1-SM.
DA Pam 600-24.
DA Pam 600-70.

PART A - IDENTIFY THE WARNING SIGNS WHICH INDICATE THAT A PERSON HAS AN INCREASED POTENTIAL FOR SUICIDE

1. General.

The chaplain assistant can effectively promote suicide risk reduction by acquiring the ability to recognize the warning signs of suicide. Intervening in a crisis situation involves listening, referring, and taking the individual to the chaplain or an appropriate agency for counseling. In the absence of a supervisor or referral service, the chaplain assistant is required to make an immediate evaluation of the suicidal person and remain with the individual until help arrives. A suicide risk management team is available within some Army divisions and large facilities to provide emergency medical and alternate care for high risk suicidal persons and their families, if necessary.

2. Verbal Warning signs.

Generally, individuals who are contemplating suicide talk about their intentions either directly or indirectly. Since verbal warnings signify an immediate danger, all verbal clues should be taken seriously.

- Examples of direct verbal warning signs:
 - "I'm going to kill myself".
 - "I wish I were dead".
- Examples of indirect verbal warning signs:
 - "They'll be sorry when I'm gone".
 - "You know, son, I'm going home soon".

3. Behavioral Warning Signs.

Certain actions can signal a risk of suicide. Actions or gestures can be either direct or indirect:

- Direct behavioral warning signs.
 - Suicide gestures or attempts.
- Indirect behavior warning signs.
 - Giving away prized possessions (unexpectedly).
 - Making a will (unexpectedly)
 - Social withdrawal.
 - Ordering or making arrangements for a casket, burial plot, tombstone, etc.
 - Increased consumption of alcohol, drugs or both.
 - Buying a gun or formulating plans to obtain a lethal weapon.

4. Warning Signs from a Person's Recent History.

- Setbacks in the soldier's personal life such as:
 - Death or separation from a loved one.
 - Catastrophic illness.
 - Financial loss.
 - Significant career/employment changes.

5. Vegetative Warning Signs.

Vegetative warning signs are obvious if you have been in regular contact with the suicidal person or if any of the following are openly discussed with you:

- Loss of appetite or weight.
- Insomnia or other sleep disturbance.
- Decrease in sexual interest or energy.

6. Warning Signs from a Person's Past History.

Unless you are familiar with the individual at risk for suicide, you will learn most of the following information by listening to the person using both compassion and patience.

- Failure to maintain productive work.
- Failure to maintain meaningful interpersonal relations.
- Failure to deal with past crises resulting in suicide attempts.
- History of suicide by a family member or close friend.

7. Mental Status of the Person.

In order to provide the chaplain or referral service with as much information as possible, observe the suicidal person for any of the following signs, which are known to be a reflection of a person's current mental status:

- Unclean or unkempt appearance.
- Agitated behavior or psychomotor retardation.

- Feelings----Negative feelings are often encountered when talking with a person who is inclined to attempt or commit suicide. Although most feelings are expressed by words or actions, you will observe a number of symptoms which result from the feeling of depression:

- Depression.

Depression is characterized by the following symptoms:

- (1) Poor appetite or significant weight loss or increased appetite or significant weight gain.
- (2) Change in sleep habits, either excessive sleep or inability to sleep.
- (3) Behavioral agitation or a slowing of movement.
- (4) Loss of interest or pleasure in usual activities or decrease in sexual drive.
- (5) Loss of energy or fatigue.
- (6) Complaints or evidence of diminished ability to think or concentrate.
- (7) Feelings of worthlessness, self-reproach, or excessive guilt.
- (8) Withdrawal from family and friends.
- (9) Drastic mood swings.
- (10) Sudden change in behavior.

- Anger.
- Guilt.
- Inferiority.
- Hopelessness.

Hopelessness, which usually results from a combination of the type of events listed below, is one of the primary causes of suicide. These events are repeated in this section to reinforce the chaplain assistant's understanding of what leads an individual to the point of suicide:

- Break up a close relationship with a loved one or difficulties in interpersonal relationships with family or close friends.
- Death of a loved one; spouse, child, parent, sibling, friend, or pet.
- Worry about job or school performance and concerns about failure or doing less well than one hoped or expected.
- Loss of "support systems" or "emotional safety" which comes from moving to a new environment.
- Loss of social or financial status of the family.
- The compounding and disorienting effects of drugs and/or alcohol.

The feelings of depression, anger, guilt and hopelessness sometimes produce definite danger signals. These signals are often recognized because the suicidal person is observed:

- Talking about or hinting at suicide.
- Giving away possessions or making a will.
- Obsession with death, sad music or sad poetry. Themes of death in letters or art work.
- Making specific plans to commit suicide and access to lethal means such as buying a gun.

8. **Hallucinations or Delusions.**

Although these are warning signs of suicide, they can be symptoms of other problems. Therefore, it is necessary to ensure that the chaplain or referral services are made aware of any hallucinations or delusions.

- A **hallucination** is an apparent perception of a sight or sound that is not actually present. Persons who are having hallucinations imagine that they have seen or heard something that is **actually not present**, e.g. Banquo's Ghost in Shakespeare's play *Hamlet*.
- A **delusion** is a false persistent belief or opinion that some people maintain despite evidence to the contrary (e.g., delusions of grandeur). Delusions can result from a deception, a misconception or mental disorder. E.g. The classic example of a delusion is someone who thinks that he is Napoleon.

9. **Cognitive Functioning.**

- Disorientation or confusion.
- Impulsiveness.
- Suicidal ideas.

If you observe any clues other than direct verbal ones which indicate an increased potential for suicide, ask the client about thoughts of hurting or killing himself/herself.

If any suicidal ideas are discussed with you, determine whether the person has a suicide plan. You need to find out:

- Time
- Place
- Method -- the more lethal the method, the greater the risk.

It is important to take suicidal ideas seriously. Don't act shocked or afraid. Simply, offer support, understanding and compassion to the person. Make sure that you alert the chaplain or appropriate referral service before the person leaves.

LESSON TWO

PRACTICE EXERCISE

The following items will test your grasp of the material covered in this lesson. There is only one correct answer for each item. When you have completed the exercise, check your answers with the answer key that follows. If you answer any item incorrectly, study again that part of the lesson which contains the portion involved.

Situation: You are Chaplain Assistant assigned to the post chapel at Fort Opportunity. As a part of your duties, you have been designated by the senior Chaplain to be a part of the UMT Suicide Prevention Team. In order to properly perform your assignment to the team, you must be familiar with the warning signs of suicide.

1. An example of a direct behavioral warning sign of suicide is:
 - a. ordering a tombstone.
 - b. making a will.
 - c. an actual suicide attempt.
 - d. a significant career change.

2. Drastic mood swings could be a symptom of:
 - a. hopelessness.
 - b. inferiority.
 - c. guilt.
 - d. depression.

LESSON TWO

PRACTICE EXERCISE

ANSWER KEY AND FEEDBACK

Item

Correct Answer and Feedback.

1.

c. an actual suicide attempt.

Suicide gestures or attempts signal a risk of suicide and therefore are considered direct behavioral warning signs.

2.

d. depression.

Depression is characterized by the following symptoms:

- (1) Poor appetite or significant weight loss or increased appetite or significant weight gain.
- (2) Change in sleep habits, either excessive sleep or inability to sleep.
- (3) Behavioral agitation or a slowing of movement.
- (4) Loss of interest or pleasure in usual activities or decrease in sexual drive.
- (5) Loss of energy or fatigue.
- (6) Complaints or evidence of diminished ability to think or concentrate.
- (7) Feelings of worthlessness, self-reproach, or excessive guilt.
- (8) Withdrawal from family and friends.
- (9) Drastic mood swings.
- (10) Sudden change in behavior.

LESSON THREE

ACTIONS TO TAKE AND AVOID FOR POTENTIAL SUICIDE

TASK REFERENCES:

STP 16-56M1-SM	Soldier's Manual.
TSP 161-56M-1110-04	Suicide Prevention.
DA Pam 600-70	Guide to the Prevention of Suicide and Self-Destructive Behavior.

OVERVIEW

TASK DESCRIPTION:

In this lesson you will learn about the actions you should take and the actions you should avoid in a potential suicide situation.

LEARNING OBJECTIVE:

TASK: Identify the actions to take and the actions to avoid when faced with a potential suicide.

CONDITIONS: Given the subcourse material for this lesson and a training scenario, the student will complete a practice exercise to identify actions which should be taken and actions which should be avoided when faced with a potential suicide.

STANDARD: The student will demonstrate a comprehension and knowledge of the task by identifying the actions which should be taken and the actions which should be avoided in dealing with potential suicide situations.

REFERENCES: STP 16-56M1-SM.
DA Pam 600-70.

PART A - ACTIONS TO TAKE IN A SUICIDE SITUATION

1. General.

The warning signs of suicide cannot be overemphasized. Learning how to respond to such a situation will enable the chaplain assistant to deal effectively with potential suicide cases. The following behavioral actions are danger signals which require a caring, supportive response by the chaplain assistant in an effort to learn more about the person's intentions:

- A threat or statement, in which the desire to die is expressed, should **always** be taken seriously.
- A previous suicide attempt is often a cry for help and must be remembered in the light of a possible further attempt.
- Depression or low mood swings are often a part of a suicidal person's behavior.
- Clearly observed marked changes in a person's behavior is a warning that frequently occurs prior to a suicidal attempt.
- Making unusual arrangements like disposing of prized possessions or making apologies to other persons, can be clues that should be taken seriously.
- A suicide plan - time, place, means, note, etc.

Positive actions are those responses which show empathy for an individual such as caring, compassion and affirmation of people and places.

2. Caring.

Caring attitudes can be adopted and reinforced after we understand how important it is to care about people when the normal emotional balance of their lives is threatened. The basis of caring is listed below:

- To care is to know about another person. Knowing a person helps detect symptoms that could lead to suicide.
- To care is to respect another person. How important is respect? Just recall the last time someone ignored you or discounted your input.
- To care is to be devoted to another person.
- To care is to take risks with another person.

3. Compassion.

Compassion is a positive response to pain. Compassion is an intentional action compelled by need.

Basically, compassion can be explained as a basic belief which gives all people the right to have a chance to live. If we think this way, it follows that we would want to respond in a positive, concerned manner toward an individual who needs our help. Personal integrity and integrity of the unit is reinforced by responding to people in need. Suicidal acts that relate to needs include:

- Any significant loss.
- Loss of an important person as a result of divorce or infidelity.
- Loss of face, position, or rank.
- Non-selection for promotion.
- Disappointment.
- Loneliness, separation, isolation, environment.
- Anxiety about the future.
- Financial loss.
- Frustration at not being able to resolve a problem.

4. Affirmation.

When we acknowledge another person's worth as an individual we are giving affirmation of people. More explicitly, going out of your way to help someone else, even if it means giving constructural criticism, shows affirmation. Such an action serves as recognition of a person's worth and provides a sense of strength to a suicidal individual.

- **Affirmation of People.**

It is essential that the chaplain assistant make very effort to create an atmosphere that encourages hope and reality. A sincere remark that says something good about the person who perceives life as hopeless gives the courage that is needed to go on.

- **Affirmation of Places.**

Living and work spaces are important to people. In fact, a specific area of study, known as environmental psychology, emphasizes the psychological impact of a person's surroundings on their overall well being.

The chaplain assistant role relative to affirmation of places is to project a positive outlook which encourages a hurting person to view life in a positive way in order to focus on survival rather than self destruction.

5. Responsibility.

When we assume responsibility for our actions, we attempt to control the outcome rather than just letting things happen. Soldiers have a responsibility to themselves, their unit and their peers to exercise responsive initiative when any danger signals relating to suicide are observed.

- **Responsibility as an attitude.**

Certain viewpoints towards people and places are projected as attitudes. By trying to develop an increased awareness of others and striving to be less selfish, it is possible to develop an attitude which fosters concern about the people around us. We are more likely to respond to destructive symptoms in others if we are not always thinking about ourselves.

- **Responsibility as an action.**

Although actions will vary depending on the particular situation you are faced with as a chaplain assistant, the following suggestions are provided to explain the kind of actions often required in dealing with a person who has demonstrated an inclination toward suicide:

- **Threats should be taken seriously.** Remember, statistics indicate that 80 percent of suicides are preceded by some warning sign.
- Heed a cry for help. Give support to the hurting person by showing interest, giving time, or a helping hand, as appropriate.
- Give a person in pain the opportunity to discuss his or her problems and consider reasonable alternatives for resolution.
- Verbally express your care and reinforce the message of concern, "you're really feeling isolated aren't you?"

Encourage the hurting person to get help from any one of the several helping agencies available on his or her installation. Since many problems seem to surface at times other than duty hours, the chaplain or hospital emergency room, or some similar agency, are important referral possibilities that everyone should know about and are places to take a person. Be sure to not leave a potentially suicidal person alone.

7. Encouragement.

People who consider suicide as a viable option usually have given up the possibility of being successful, both personally and professionally.

- **Encouragement means growth.**

It is often possible to influence a person who feels hopeless by providing meaningful encouragement. Encouragement can mean the difference between giving up and renewed determination toward life.

- **Encouragement means hope.**

Renewed determination generates hope. When distressed people feel a sense of hope, burdens become lighter because they are viewed differently. Hope enables a person to think about solving problems rather than being overwhelmed by them.

PART B - ACTIONS TO AVOID IN SUICIDE SITUATIONS

- Don't leave anyone alone if you believe the risk for suicide is imminent.
- Don't assume the person isn't the suicidal "type."
- Don't act shocked at what the person tells you.
- Don't debate the morality of self-destruction or talk about how it may hurt others. This may induce more guilt.
- Don't keep a deadly secret. Tell someone what you suspect.

LESSON THREE

PRACTICE EXERCISE

The following items will test your grasp of the material covered in this lesson. There is only one correct answer for each item. When you have completed the exercise, check your answers with the answer key that follows. If you answer any item incorrectly, study again that part of the lesson which contains the portion involved.

Situation: You are a chaplain assistant assigned to the post chapel at Fort Opportunity. As a part of your duties, you have been designated by the senior chaplain to be a part of the UMT Suicide Prevention Team. In order to properly perform your assignment to the team, you must know the actions to take and the actions to avoid when faced with a potential suicide.

1. When we acknowledge a person's worth by words or actions, we are giving that person:
 - a. compassion.
 - b. responsibility.
 - c. affirmation.
 - d. an admission of guilt.

2. Compassion is:
 - a. not caring about others.
 - b. an intentional action.
 - c. anxiety-about the future.
 - d. a cry for help.

LESSON THREE

PRACTICE EXERCISE

ANSWER KEY AND FEEDBACK

Item

Correct Answer and Feedback.

1.

c. affirmation.

When we acknowledge another person's worth as an individual we are giving affirmation of people. More explicitly, going out your way to help someone else, even if it means giving constructive criticism, shows affirmation. Such an action serves as recognition of a person's worth and provides a sense of strength to a suicidal individual.

2.

b. an intentional action

Compassion is an intentional action which results from a basic belief of the right of all people to have a chance to live. Compassion makes us want to respond in a positive, concerned manner toward an individual who needs our help. Personal integrity and integrity of the unit is reinforced by responding to people in need.